

2009 Southeastern United States Concert Band Clinic and HONOR BANDS Nomination Form

The top portion of this form should be completed by the student. Give this form to your band director to complete the bottom portion and return.

Please Print

Student Name _____ Instrument _____

Address _____ Adult T-shirt size S M L XL XXL
(Circle One)

City _____ State _____ Zip _____

School _____ Grade 9 10 11 12
(Circle One)

Band Director _____ Years Playing Experience _____

Musical Experiences and Honors: (Continue on back if necessary)

Have you performed with the Honor Bands at Troy University before? Yes No

Have you performed with the All-State Bands before? Yes No

Which All-State Band(s)? _____

What year(s)? _____

Other Honor Band participation:

Additional musical honors and awards: (Section leader, private lessons, etc.)

Band Director's Recommendation

This section to be completed by the band director. All information will be kept confidential.

Please check one rating for the student listed above:

_____ Outstanding band student – highest quality student and musician

_____ Excellent band student – very good musician and leader in your program

_____ Good band student – sound music fundamentals and member of your program

Total number of students you are recommending from your school: _____

Of all the students you are recommending, how would you rank this student (1st, 2nd, 3rd, etc.)? _____

Please feel free to add additional information on the back of this form.

Band Director's Signature _____ Band Director email _____

Please send all nomination forms in one envelope, postmarked by November 20, 2008 to:

**SEUS Clinic and Honor Bands
Long Hall
Troy, AL 36082**

You will be notified of selected students by December 9, 2008. Thank you for your assistance.